



TELEPHONE: (302) 739-4773

Delaware Fire Service Center
1461 Chestnut Grove Road
Dover, Delaware 19904

FAX: (302) 739-6245

APPLICATION FOR AMBULANCE PERMIT

UNIT IDENTIFIER # _____

(Please check one of the following): UNIT TYPE: BLS AMBULANCE____ALS AMBULANCE____

(Please check one of the following): NEW UNIT _____ LICENSE RENEWAL _____

OWNER _____ PHONE() _____

ADDRESS _____

OPERATOR _____ PHONE() _____

ADDRESS _____

STATE BUSINESS LICENSE NO. _____

VEHICLE TAG NO. _____

VEHICLE SERIAL-VIN NO. _____

YEAR _____ MAKE _____ INSURANCE CARRIER _____

POLICY NUMBER: _____

EMERGENCY SERVICE PROVIDED FOR:
GOVERNMENT JURISDICTION (NAME) _____

HEALTH CARE FACILITY (NAME) _____

OTHER (NAME) _____
(INCLUDE COPIES OF CONTRACT, AGREEMENT OR CERTIFICATION)

DATE _____ SIGNATURE(OWNER) _____

DATE _____ SIGNATURE(OPERATOR) _____

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FOR OFFICE USE ONLY

DATE INSPECTED _____ INSPECTOR _____ APPROVED _____ REJECTED _____

COMMENTS _____
